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An
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Edwin E Slade
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Trachitis

There is no disease to which children are liable, that is more dreaded by Physicians generally than ~~them~~ the Croup and accordingly we find it treated of to a considerable extent by almost every writer since the disease has been known to exist and of course different opinions entertained with regard both to its pathology and treatment; fortunately however there is none which is more completely under the control of the antiphlogistic system than this if carried to a sufficient extent in the commencement of an attack but as certainly fatal if these means be neglected.

Certain different appellations have been given to this affection by different authors, such as Suffocatio Stridula which appellation is peculiar to Home.

By Cullen and some other authors it has been

called Cynanche Trachealis, and by Michaelis the name of Angina Polyposa has been given to it. It is also treated of under the Title of Trachitis and this is considered less objectionable than any other and is therefore retained by most writers, though it is objected to by Dr Good from a supposition of its implying a mere limitation of the disease to the Trachea

The disease is however known more commonly by the name of Croup or hives which is supposed by some authors to be a corruption of the word heaves and took its rise from the violent manner in which the lungs heave in breathing

Cullen seems to have been right enough in ascribing the credit to Dr Home of having first given an accurate description of the disease, though

we are told by Cheyne, that Martin Chisi an Italian Physician noticed it long before the appearance of Dr Homes treatise which was in the year 1765. since that time however the disease has been noticed by a number of authors, and different opinions entertained with regard to it.

The Croup is a disease confined mostly to infants or to children from two to seven years of age, (supposed by some authors to be owing to the relaxed and debilitated state of the Larynx and Trachea, at this period of life, not being so well calculated to resist the causes of the disease as those at a more advanced period. It has been asserted however by some authors, and I believe particularly so by Cullen, that the disease seldom attacks children till after they have been weaned, and after this period the younger they are, the more liable they are.

to it; and that there are no instances of children above twelve years of age being affected with it: and this is in part corroborated by the statement of Cheyne, for he says he has never seen or heard of a persons being attacked, after the age of puberty. It is now generally believed by most modern writers that children within the month may be attacked by it as well those from the time they are weaned to the age of puberty, as instances of the kind have been repeatedly witnessed. In fact it has been asserted by some authors, that adults are as much liable to it as children.

The croup does not appear to be contagious as has been asserted, though it is said sometimes to have prevailed as an Epidemic. The application of cold seems to be the general cause which produces the complaint and accordingly it occurs more frequently in winter

and spring, when the wather is cold austere and moist than in any other seasons. It is also endemical to certain places as is the case at Fells point near Battimore and at Leith a village about half a mile from Edinburgh The disease however is frequently met with in inland situations particularly those which are low and marshy

The Croup has also been asserted to be hereditary, and not without foundation as instances have been met with where parents have been subjects of the disease, and all of whose children have been attacked by the complaint In proof that it is not hereditary it has been stated to have appeared in families to whom the symptoms were entirely new, and that in those cases where an hereditary predisposition is transmitted from parent to child, there would be some malconformation in the parts constituting the seat of the disease, none of which

appearances have ever yet been discovered on dissection. The disease however is certainly peculiar to certain families and it has been observed that a child once attacked by the complaint is ever after liable to its returns

The croup generally comes on with a hoarseness accompanied with a hard dry cough which from the first, has a peculiar shrill sound; this in the course of time, becomes more violent and troublesome, and likewise more shrill. as the disease advances, a constant difficulty of breathing prevails, unaccompanied however with swelling as in most anginose affections, though there is generally observed on inspecting the internal fauces some degree of inflamation. There is not only an unusual sound produced by the cough, (something between the yelping and barking of a dog,) but respiration is performed with a hissing noise, as if some slight spon

-gy substance had lodged in the Trachea. With these symptoms, there is more or less fever accompanied with much thirst, anxiety restlessness, indescribable wretchedness, and an uneasy sense of heat over the whole body. The Patient has a continual inclination to change from place to place, nor can he be appeased or quieted in any manner. He cries, whines, and fretts complaining of uneasiness without suffering any real pain.

In an advanced stage of the disease the respiration becomes more stridulous, and is performed with still greater difficulty, being repeated at longer or shorter intervals, and with greater exertions, untill at last it ceases entirely.

The Croup it is said generally proves fatal by suffocation, induced either by spasm affecting the glottis, or from a quantity of mucus blocking up the trachea or as some suppose to the formation of a false membrane in the trachea, or the inflama

tion having extended into the minute ramifications of the bronchea. Dissections of Children however who have died of croup have not always shown this membrane lining the internal surface of the larynx and trachea. hence the disease has by some authors and practitioners, been denied to be inflamitory and considered spasmodic; others have considered it as consisting in inflamation and spasm united. There are others again who suppose that in those cases where the disease comes on suddenly and without any premonitory symptoms, and makes its attack in the night, about nine or ten o-clock, to be dependant on spasm, whereas in those cases where the disease comes on gradually and is several days before the symptoms completely develope themselves, to be owing to inflamation affecting the mucous membrane, lining the larynx and trachea. This division however it is said, is not a practical one, as the remedies

which are employed in the inflamatory Croup are equally as powerful in the reduction of spasm

The treatment of this disease must be conducted on the antiphlogistic plan. Much may be done however in the forming stage of the disease by milder means, such as rub facients, the warm bath, and the exhibition of an Emetic; but the symptoms having completely developed themselves, bloodletting must be resorted and this to be effectual should be carried to a considerable extent. It will now be proper to put the patient in a warm bath, and before leaving it should be ordered an active Emetic. Topical bloodletting by Cups or leeches should also be resorted to, and if necessary a blister shoud be applied to the throat and permitted to extend from ear to ear. If the disease does not yield however all the above mentioned remedies must be repeated

and the bloodletting is to be carried to a greater extent than before, even ad deliquium animi and this if timely resorted to scarcely ever fails to break the force of the disease which may be known by the departure of some of the more prominent symptoms, the return of susceptibility together with some expectoration &c. If there still remains difficulty of breathing. Cups should be applied on the back of the thorax. Calomel should now be given in large doses not with a view of obtaining its specific virtues but to purge ~~through~~ thoroughly. If hoarseness, stricture, and difficulty of expectoration continue we resort to expectorants.

It sometimes happens however that the physician is not called in untill 10 or 12 hours have elapsed; it will now be perceived that the disease has extended itself to the Bronchiae, and produced a complete engor

gment or Peripneumonia notha. The symptoms are more violent, and distressing, and they all demonstrate an interrupted or difficult circulation, and an imperfect performance of the operation of the lungs. The face becomes swollen and is mottled. In some instances the cheeks are flushed with a mixture of lividness. The eyes are prominent and inflamed. The pupils are widely dilated. The whole expression is wild and haggard. Either the respiration is excruciatingly laborious with a full disturbed pulse or as the patient is sinking under the complaint, the respiration becomes more tranquil and the pulse enfeebled.

Two indications now present themselves 1st to relieve the lungs, 2nd to establish a free circulation. This is accomplished by plunging the patient in a warm bath, and whilst in there given an Emetic of the

Sulphate of Zinc or Tart Emet. Ipecac and calomel in combination. these failing the Juice of garlic or Onions in the dose of a tea spoonfull have been recommended, to stimulate the Bronchea to throw off the phlegm. so soon as the pulse will warrant we should open a vein and cautiously detract blood Cups should also be applied along the course of the spine or leeches if to be procured. To cooperate a blister should also be applied to the chest. If very urgent vesicating applications will be found highly serviceable. The remainder of the treatment is made to consist in those means which are calculated to promote expectoration, such as antimonial wine oxymel or vinegar of squills, Polygala Senega, Hive syrup and Vol Alk: But none of them it is said, are here equal to Calomel. Indeed the practice in Europe is to

treat the disease exclusively by Calomel but the same confidence is not reposed in the manner of managing the disease by this mineral, as in the mode which is commonly pursued in this country, that is by the strictly Antiphlogistic system.

The formation of a false membrane being generally considered the cause of death in this disease; the operation of Bronchotomy has been proposed for its removal, and has frequently been performed, though not generally with success, even, in those cases where the membrane has actually existed, and admitting that this membrane does invariably form* we are told that it will not do to trust to the operation, as it will be found to have extended itself into the Bronchia, and would be only a temporary protraction of life

The application of a solution of

the argentum nitratum has also lately been recommended to the Larynx and tonsils for the purpose of detaching the false membrane which sometimes forms about these parts in this disease. —